



CITY OF KILLEEN
APPLICATION FOR WAIVER FROM NOISE RESTRICTIONS

*Organization requesting waiver _____

Address & telephone number of organization _____

* Note: Must attach written authority for applicant to apply for waiver on behalf of organization.

Name of applicant _____

Proposed date of event _____ Start time _____ End time _____

Purpose of event _____

Describe type of conduct & activity planned _____

State location of event: _____

Reason for application:

☐ Additional time is necessary to alter or modify activity to comply with Code provisions

☐ The activity will be of temporary duration and cannot reasonably be done in a manner that would comply with the noise ordinance

☐ No reasonable alternative is available

I understand that by applying for this permit, either for myself or on behalf of others, I am responsible for leading the event in accordance with the permit (if issued) and all other applicable local ordinances and State laws.

Signature of Applicant

\$50.00 application fee received: _____